



Commonwealth of Virginia
Board of Towing and Recovery Operators
c/o Department of Motor Vehicles
Post Office Box 27412
Richmond, VA 23269-0001

Web Page: www.btro.vi.virginia.gov Telephone No. (804) 367-0714

For Office Use Only: Fee Amount Received: _____

RENEWAL APPLICATION FOR TOWING AND RECOVERY OPERATOR LICENSE

General Instructions

- Use this application when applying to renew a current operator's license or one that expired within the last two months.
- Complete the application in its entirety, including providing the attachments. DO NOT LEAVE ANY BLANKS. Incomplete applications and not providing the applicable attachments will delay the processing.
- Please print or type all answers, and do not use pencil.
- Ensure application is signed/dated by the appropriate individual.
- Enclose a non-refundable check or money order made payable to the "Treasurer of Virginia". The Board issued license number should be written on the check or money order. You may also pay by credit card as provided in the application.
- Additional information may be requested after receipt of and review of the application and its attachments.
- Retain a copy for your records.
- Ensure that the Responsible Individual can be easily reached and is readily available.
- Mail the completed application to the **Board of Towing and Recovery Operators c/o Department of Motor Vehicles, Post Office Box 27412, Richmond, VA 23269-0001.**

Current BTRO Operator's License Number _____

Expiration Date: _____

Name Appearing on Current License: _____

	Yes	No
1. Has the business name changed from what is provided on the current operator license? <i>If yes, attach documentation supporting the name change including the date of the change.</i> Does the name on the operator license match the name on the tow vehicle? <i>If no, please attach on a separate page the name as it appears on the tow vehicles.</i>	_____	_____
2. Has the list of trade names as listed on the current operator license changed? <i>If yes, attach documentation supporting the change in trade names.</i>	_____	_____
3. Has the main office address changed? <i>If yes, attach documentation for the new address, and the date the address changed.</i> NOTE: <i>If your mailing address changes after issuance of your operators license, you must notify the Board in writing as soon as the address change takes place, but no later than 30 days.</i>	_____	_____
4. Has the mailing address as it appears on the current operator license changed? <i>If yes, attach documentation for the new mailing address, and the date the address changed.</i>	_____	_____
5. Please provide a current email address. _____		
6. Telephone Number: () _____ Facsimile Number: () _____ Cellular Number: () _____		
7. Has the business type changed as identified in the initial application, i.e., sole proprietorship, general partnership, limited partnership, association, limited liability company, or corporation? <i>If yes, attach documentation supporting the change in the business type, including State Corporation Commission filings, tax forms, court filings, agreements, etc.</i> Has the Federal taxpayer identification number or sole proprietor's social security number changed? <i>If yes, attach documentation supporting the change in the identification number.</i>	_____	_____
8. Has the previously provided list for all other locations/facilities changed? <i>If yes, attach a list of all locations/facilities, including address and location contact information..</i>	_____	_____

9. Provide the full name of the Responsible Individual, their title, SSN or DMV Customer Number, and a number where they can be easily reached. The Responsible Individual is the person representing the business and is accountable for all aspects of the license for the operator. The Responsible Individual must be knowledgeable of all applicable state, federal, and local laws and regulations related to the tow and recovery services the licensee offers or renders, and for ensuring that the operator conforms to them. The Responsible Individual is either the principal owner or chief executive officer of the business entity, or manager of business operations for the operator. Additionally, they should be readily available and able to timely respond to the Board.

Responsible Individuals Full Name:

	First	Middle	Last
Title			
SSN or DMV Control No.			
Daytime Contact No. ()		Cellular Number: ()	
			Yes No

10. Have the previously identified principal owner(s) or other individuals involved in the management and operation of the business changed since the previous application was filed?

If yes, provide the information below, or attach the information to the application.

Individuals Full Legal Name	Title	SSN or DMV Customer No.

11. Has any local, Virginia or other state, or national regulatory body subjected the applicant, the Responsible Individual, or the Principal Owner to any disciplinary actions in any administrative, civil, or criminal proceeding related to the operation, management or conduct of services provided by the applicant?

If yes, attach copies of the findings, and identify the entity.

12. Has any local, Virginia or other state, or national regulatory body subjected the applicant, the Responsible Individual, or the Principal Owner to suspension or revocation of any license or certification?

If yes, attach copies of the findings, and identify the entity.

13. Has the owner, manager, or other individual involved in the operation, management, or conduct of the business, including the Responsible Individual, ever been convicted or found guilty of any misdemeanor criminal offense?

If yes, attach a certified copy of the applicable warrants.

14. Has the owner, manager, or other individual involved in the operation, management, or conduct of the business, including the Responsible Individual, ever been convicted or found guilty of any felony criminal offense?

If yes, identify the individual(s) below, attach a certified copy of the applicable sentencing order(s), a national criminal history record check for each person, and any other information that you would like the Board to consider including status of incarceration, parole or probation, reference letters, etc..

Individuals Full Legal Name	Applying for or has a Driver Authorization Document ("DAD")? (Yes or No)	SSN or DMV Customer No.

	Yes	No
15. Does the Responsible Individual understand that all Class A and Class B Operators must comply with the local licensing requirements of all counties, cities, and towns in which work is performed?	_____	_____
16. Attach a list of all drivers employed or contracted by your business to drive tow trucks, including full name, valid driver's license number and expiration date, State of issuance, and their valid driver authorization document number assigned by the Board. The Responsible Individual understands that only drivers that hold a valid drivers license issued by their State of residence and holding a valid driver's authorization document issued by the Board can provide towing and recovery services on behalf of the applicant. List attached?	_____	_____
17. Attach a copy of each vehicle registration card for the tow trucks that will be utilized by the applicant. Please note any changes as either additions or deletions from the previous license. Have the vehicle registration(s) been attached and any changes noted? Total Number of Tow Trucks to be Renewed: _____	_____	_____
18. Attach a copy of the current certificate of insurance for the applicant's insurance coverage including automobile liability, commercial general liability, garage keepers, and workers' compensation as required by State and Federal law, as set out under 24 VAC 27-30-110.4 of the Board regulations. I also affirm that I will notify my insurance carrier to designate BTRO as a certificate holder on the certificate of insurance. Copy of certificate of insurance attached?	_____	_____

Certification by the Principal Owner

By signing this application, I acknowledge that if I am not a Virginia resident, or move outside of Virginia while I hold a Virginia Towing and Recovery Operators License, I understand that this application serves as a written power of attorney, whereby I appoint the Executive Director of the Board of Towing and Recovery Operators, and his/her successors in office, to be my true and lawful agent and attorney-in-fact, in my stead, upon whom all legal process against and notice to me may be served and who is hereby authorized to enter an appearance on my behalf in any case or proceeding arising out of the trade or professional practice, and that by submitting this application, I hereby agree that any lawful process against me which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon me.

The undersigned also understands and acknowledges that a licensed operator must maintain the following proof of insurance: (i) a minimum of \$750,000 for automobile liability; (ii) a minimum of \$750,000 for commercial general liability; (iii) a minimum of \$50,000 for garagekeepers liability; and (iv) worker's compensation as required by state and federal entities, in accordance with 24 VAC-27-30-110.4 of the General Regulations of the Board of Towing and Recovery Operators. I hereby certify that I will have the applicable insurance company file a proof of insurance with BTRO as a certificate holder under this applicant name for verification purposes, and the applicant will have the insurance company notify BTRO as a certificate holder of any change in the aforementioned coverage, or any lapse or disruption of coverage. Failure to provide notice to BTRO may result in the suspension or revocation of the subject license.

I, the undersigned, hereby certify that the statements, answers, and documents provided herein are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Board if the business, the Responsible Individual, or any other individual involved in the operation, management or conduct of the business are subject to any disciplinary action, or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to the receipt of the requested license. I certify that I am a principal owner and am authorized to bind the applicant to contracts and other legal obligations. I also certify that I understand have complied with, and will comply with, all of the laws of the Commonwealth of Virginia related to towing and recovery licensure under the provisions of 46.2-Chapter 28 of the Code of Virginia, and the Board of Towing and Recovery Operators General Regulations for Towing and Recovery Operators – 24 VAC 27-30.

Principal

Owner's Name _____

Print Full Name

Principal

Owner's Signature _____

Date: _____

FEE SCHEDULE			
Operator License Class	Summary of Vehicle Requirements	Number of Vehicles	Application Fee Amount
Class A	For tow vehicles in excess of 26,000 gross vehicle weight, a combination of Class A and Class B tow vehicles, or for an unlimited amount of tow vehicles.	Unlimited, or over 26,000 gross vehicle weight	\$500.00
Class B	For tow vehicles under 26,000 gross vehicle weight	One or two tow vehicles	\$250.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Three tow vehicles	\$300.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Four tow vehicles	\$350.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Five tow vehicles	\$400.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Six tow vehicles	\$450.00
Class B	For tow vehicles under 26,000 gross vehicle weight	Seven or more tow vehicles	\$500.00
Truck Decal Fee for <u>Each</u> Tow Vehicle (For example, three vehicles would total \$30.00)			\$10.00
Calculation of Total Fees Due			
Operator License Class Application Fee		(a)	\$ _____
Decal Fee (Total number of Tow Trucks multiplied by \$10.00)		(b)	\$ _____
Total Operator License Application and Decal Fees Due (add a + b = c)		(c)	\$ _____
One Free Driver Authorization Document (<i>You must attach new or renewal application, as appropriate, in order to be free.</i>)			
Driver Name: _____ DAD No. _____ (If renewing)			
<p>Late Filing Penalty - Required for operator applications postmarked or received within two months of their most current operator license expiration date.</p> <p>Calculation of Late Filing Penalties, If Any: 50% of the operator license application fee due and 50% of the total decal fee due (e.g., \$250 Class B Operator License Application Fee, \$20 Decal Fee (two trucks), total due \$270. Late Operator Application Filing Penalty would be \$125 and \$10 Late Decal Fee, for a total due of \$425.00)</p>			
TOTAL APPLICATION FEES DUE (if applicable, add (c) + (d) = (e))		(d)	\$ _____
		(e)	\$ _____
<p>NOTE: Renewal applications postmarked or received two months or more after their last expiration date are not eligible for renewal. Operator applications submitted two months or more months after expiration of their last issued license must complete and submit an Initial Application for a Towing and Recovery Operator License. Please review the Board issued license posted in your primary place of business for the license expiration. Operating as a towing and recovery operator without a valid license from the Board could result in a Class 1 criminal misdemeanor charge, or other sanctions by the Board, including civil penalties of up to \$1,000 per occurrence.</p>			

Payment Options

1. Check or money order made payable to the "Treasurer of Virginia" in the amount of \$_____
2. Credit Card - This section is to be used for CREDIT CARD PAYMENTS ONLY. If you elect this form of payment, complete this section in its entirety. Failure to complete this section in its entirety will result in the return of the application. If the fee is not calculated properly, the cardholder authorizes the Board to adjust the total fee due (including overages and shortages).

Credit Card Type _____
MasterCard, Visa, American Express or Discover

Credit Card No.

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Payment Amount: \$ _____ Card Expiration Date: _____
Month and Year

Card Verification Code _____
(Last three numbers on the back of a Master Card/Visa/Discovery or four numbers found on front of American Express)

Cardholder Name (Print) _____

Cardholder Address: _____
(As shown on credit card statement including street or PO Box number)

(As shown on credit card statement including city, state, and zip code)

Cardholder Signature: _____